05/11/2011 15:53

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2011 04 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 05 11 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name American Hospital Association PAC

FEC Form 3X (Rev. 02/2003)

D [®] D 0 4 0 1 2011 0 4 3 0 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 1836473.19 January 1 (b) Cash on Hand at 2091646.87 Begining of Reporting Period 177007.25 641672.25 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2268654.12 2478145.44 6(a) and 6(c) for Column B) 56397.57 265888.89 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 2212256.55 2212256.55 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From: 0 4

D D 0 1

2011

To:

м м 0 4 D D D

Y Y Y Y 2 0 1 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
,	Than Political Committees (i) Itemized (use Schedule A)	64769.78	219164.84
	(ii) Unitemized	14529.17	46420.94
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	79298.95	265585.78
(b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	79298.95	265585.78
	Fransfers From Affiliated/Other Party Committees	95000.00	368800.00
3. <i>F</i>	All Loans Received	0.00	0.00
4. L 5. (Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	1334.52
t	o Federal candidates and Other Political Committees	2500.00	5500.00
	Other Federal Receipts Dividends, Interest, etc.)	208.30	451.95
	Fransfers from Non-Federal and Levin Funds		
((a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	177007.25	641672.25
	otal Federal Receipts subtract Line 18(c) from Line 19)	177007.25	641672.25

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	or dispursements	Page 4		
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	397.57	2588.89		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	397.57	2588.89		
. Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	56000.00	263300.00		
. Independent Expenditure (use Schedule E)	0.00	0.00		
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00		
. Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
. Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	56397.57	265888.89		
	33307107	25555.55		
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 				
from Line 31)	56397.57	265888.89		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
	Total Contributions (other than loans) from Line 11(d), page 3)	79298.95	265585.78	
	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	79298.95	265585.78	
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	397.57	2588.89	
	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1334.52	
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	397.57	1254.37	

FE6AN026

Any information copied from such Ror for commercial purposes, other the NAME OF COMMITTEE (In Full American Hospital Associat	eports and Statements may not be sold or used by any pe an using the name and address of any political committee	erson for the purpose of soliciting contributions
American Hospital Associat		e to solicit contributions from such committee.
	on PAC	
Full Name (Last, First, Middle Init Mr. Timothy F. Gens		Date of Receipt
Mailing Address 5 New Engla	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State Zip Code	Transaction ID: 19015089
Burlington	MA 01803-5010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	800.00
Name of Employer Massachusetts Hospital As-	Occupation	
sociation	Executive Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Init Ms. Elaine L. Bridge, RN, BSN, M	ial)	Date of Receipt
Mailing Address 279 Willow	0 4 0 1 2 0 1 1	
City	State Zip Code	Transaction ID: 19015090
<u>Holliston</u>	MA 01746-2441	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	262.50
Name of Employer Newton-Wellesley Hospital	Occupation Sr. VP, Patient Care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	
Full Name (Last, First, Middle Init Mr. James Fanale	ial)	Date of Receipt
Mailing Address 38 Longfello	w Way	0 4 0 1 2 0 1 1
City	State Zip Code	Transaction ID: 19015092
Boylston	MA 01505-1444	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	262.50
Name of Employer Jordan Hospital	Occupation SVP System Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 80 (check only one) X
or for co	rmation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) erican Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Mr. K Mailin City Bevo	Name (Last, First, Middle Initial) Jenneth Hanover Ing Address 85 Herrick Street erly ID number of contributing al political committee. e of Employer erly Hospital eipt For: Primary General		t and Chief Executive Office e Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 19015093 Amount of Each Receipt this Period 750.00
B. Mr. P Mailin City Plyn FEC feder Nam- Jorda	Other (specify) Name (Last, First, Middle Initial) Peter J Holden Ing Address 275 Sandwich Street Nouth ID number of contributing al political committee. Peter of Employer an Hospital Peter For: Primary General Other (specify) Other (specify)		Zip Code 02360-2183 n t and Chief Executive Office e Year-to-Date ▼ 1125.00	Date of Receipt M M / D D / Y Y Y Y Y O 1 Transaction ID: 19015095 Amount of Each Receipt this Period
C. Mr. J. Mailin City Plyn FEC feder Nam. Jorda	Name (Last, First, Middle Initial) oseph lannoni ng Address 275 Sandwich Street nouth ID number of contributing al political committee. e of Employer an Hospital oipt For: Primary General Other (specify)	-	Zip Code 02360-2183 n sident Finance e Year-to-Date 262.50	Date of Receipt M M / D D / Y Y Y Y Y O 4
SUBTO	OTAL of Receipts This Page (optional)			2137.50

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 80 (check only one) X 11a
A	ny information copied from such Reports and ror commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Dr Michael Jellinek, MD		Date of Receipt
	Mailing Address 2014 Washington Str	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: 19015098
	Newton Lower Falls	MA 02462-1607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	375.00
	Name of Employer Newton-Wellesley Hospital	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
	Full Name (Last, First, Middle Initial) Mr. Gary Lapidas		Date of Receipt
	Mailing Address 1 Biotech Park		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: 19015100
	Worcester	MA 01605-2982	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	262.50
	Name of Employer UMass Memorial Health Car- e, Inc.	Occupation Senior Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	
	Full Name (Last, First, Middle Initial) Ms. Cheryl Lapriore	1	Date of Receipt
	Mailing Address 26 Lambs Grove		0 4 0 1 2 0 1 1
	City	State Zip Code	Transaction ID: 19015101
	Spencer	MA 01562-1212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	262.50
	Name of Employer UMass Memorial Health Car- e, Inc.	Occupation Vice President/Chief of Staff	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	262.50	
Г		L	900.00

Any information copied from such Reports and Sta or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Patrick L Muldoon, FACHE Mailing Address 60 Hospital Road City Leominster FEC ID number of contributing federal political committee.	tements may not be sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used by any person ame and address of any political committee to sold or used to sold or used by any person and address of any political committee to sold or used to s	Date of Receipt 0 4 0 1 Transaction ID: 19015103
Mr. Patrick L Muldoon, FACHE Mailing Address 60 Hospital Road City Leominster FEC ID number of contributing federal political committee.	·	0 4 0 1 2 0 1 1 Transaction ID: 19015103
FEC ID number of contributing federal political committee.	MA 01453-2205	
Name of Employer	C	Amount of Each Receipt this Period 750.00
Name of Employer Health Alliance Hospitals Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Officer Aggregate Year-to-Date 750.00	- -
Full Name (Last, First, Middle Initial) Mr. John G O'Brien Mailing Address 1 Biotech Park		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Worcester FEC ID number of contributing federal political committee.	State Zip Code MA 01605-2982	Transaction ID: 19015104 Amount of Each Receipt this Period 262.50
Name of Employer UMass Memorial Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Officer Aggregate Year-to-Date 262.50	- -
Full Name (Last, First, Middle Initial) Ms. Denise Schepici Mailing Address 800 Washington Street,	#7047	Date of Receipt
City Boston FEC ID number of contributing federal political committee.	State Zip Code MA 02111-1552	Transaction ID: 19015105 Amount of Each Receipt this Period 375.00
Name of Employer Tufts Medical Center Receipt For: Primary General	Occupation Senior VP, Clinical Services Aggregate Year-to-Date	-
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	375.00	1387.50

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 80 (check only one) X 11a
0	ny information copied from such Reports and Str for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Ms. Nancy L. Shendell-Falik Mailing Address 100 Landwdowne St			Date of Receipt
	#1503 City	State	Zip Code	0 4 0 1 2 0 1 1 Transaction ID: 19015106
	Cambridge	MA	02139-4231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Tufts Medical Center	Occupatio Vice Pre	n sident/CNO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Kevin B Whitney			Date of Receipt
	Mailing Address 261 Pine Hill Road			04 01 7 2011
	City	State	Zip Code	Transaction ID: 19015107
	Chelmsford FEC ID number of contributing federal political committee.	C	01824-1904	Amount of Each Receipt this Period 262.50
	Name of Employer Emerson Hospital	Occupatio VP Patie	n ent Care Serv, CNO	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 262.50	
- :.	Full Name (Last, First, Middle Initial) Ms. Donna Herrin-Griffith, MSN, RN, N			Date of Receipt
	Mailing Address 105 Overleaf Pt Sw			04 01 2011
	City	State	Zip Code	Transaction ID: 19017223
	Huntsville FEC ID number of contributing federal political committee.	C	35824-3102	Amount of Each Receipt this Period 500.00
	Name of Employer Martin Memorial Health Sy- stems		ice President	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1137.50
Γ.	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 80 (check only one) X 11a 11b 11c 12
	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Clark Ballard		Date of Receipt
Mailing Address 1601 Willoughby Roa		04 01 2011
City Mason	State Zip Code MI 48854-9435	Transaction ID: 19059267 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Michigan Health & Hospital Association	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. James Bogan		Date of Receipt
Mailing Address 500 Campus Drive		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19059268
Hancock	MI 49930-1569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Portage Health	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Kevin Cawley		Date of Receipt
Mailing Address 11803 Silverspring Di	r.	M M / D D / Y Y Y Y Y Y O D D / Y D D D D D D D D D D D D D D D D
City	State Zip Code	Transaction ID: 19059270
<u>Dewitt</u>	MI 48820-7731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	340.00
Name of Employer Sheridan Community Hospit- al	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
SUBTOTAL of Receipts This Page (optional)		1590.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 12 / 80 (check only one) X
A	ny information copied from such Reports and Si r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not b name and address o	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∖.	Full Name (Last, First, Middle Initial) Mr. Rob Covert Mailing Address 200 North Madison Str	eet		Date of Receipt
	City Marshall	State Z	ip Code	0 4 0 1 2 0 1 1 Transaction ID: 19059273
	FEC ID number of contributing federal political committee.	C	19068-1143	Amount of Each Receipt this Period 250.00
	Name of Employer Oaklawn Hospital Receipt For: Primary General Other (specify) ▼	Occupation President and Aggregate Year-	Chief Executive Office to-Date ▼ 250.00	r
 3.	Full Name (Last, First, Middle Initial) Mr. Thomas D DeFauw, FACHE Mailing Address 1221 Pine Grove Avenue	ue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Z	ip Code	Transaction ID: 19059275
	Port Huron FEC ID number of contributing federal political committee.	MI Z	18060-3511	Amount of Each Receipt this Period 500.00
	Name of Employer Blue Water Health Services Corporation Receipt For: Primary General Other (specify) ▼	Occupation President and Aggregate Year-	Chief Executive Office to-Date ▼ 500.00	r
	Full Name (Last, First, Middle Initial) Mrs. Nancy Fisher Mailing Address P.O. Box 626			Date of Receipt
				04 01 2011
	City Leland		ip Code 19654-0626	Transaction ID: 19059299 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Munson Healthcare	Occupation Vice President	t, Board of Directors	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	*	
	SUBTOTAL of Receipts This Page (optional)	I		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 80 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. David Friar Mailing Address 10485 S. Monaco V City Traverse City FEC ID number of contributing federal political committee. Name of Employer Munson Healthcare	State Zip Code MI 49684-6860 C Occupation Emergency Services Manager	Date of Receipt M M / D D / Y Y Y Y Y O 4 2 0 1 1 Transaction ID: 19059300 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Sean Gehle Mailing Address 1828 Boston Blvd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19059302
<u>Lansing</u>	MI 48910-1173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. John Providence Health System Receipt For:	Occupation Vice President, Advocacy Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. William Jackson		Date of Receipt
Mailing Address 14700 Lake Shore I	Orive	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 19059303
Charlevoix	MI 49720-1931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Charlevoix Area Hospital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	n	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 11:
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Spencer Johnson Mailing Address 2066 Riverwood Drive City Okemos FEC ID number of contributing federal political committee. Name of Employer Michigan Health & Hospital Association Receipt For: Primary Other (specify)	State MI C Occupation President		Date of Receipt M M M O 1
Full Name (Last, First, Middle Initial) Mr. Charles D. Kohlruss Mailing Address 946 Meadow Lark Co City Holland FEC ID number of contributing federal political committee. Name of Employer Holland Hospital Receipt For: Primary Other (specify)	State MI C Occupation Vice Pres	Zip Code 49424-6602 n sident, Human Resources Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1
Full Name (Last, First, Middle Initial) Mr. Paul E. LaCasse, , DO Mailing Address 6520 Commerce Roa City West Bloomfield FEC ID number of contributing federal political committee. Name of Employer Botsford Hospital Receipt For: Primary General Other (specify)	State MI C Occupation President	Zip Code 48324-2714 n t & Chief Executive Officer Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		••••••••••••••••••••••••••••••••••••••	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 80 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Gregory R. Lane Mailing Address 1596 South Hill Circ	cle		Date of Receipt
City Bloomfield FEC ID number of contributing	State MI	Zip Code 48304-1121	Transaction ID: 19059309 Amount of Each Receipt this Period 500.00
Name of Employer McLaren Health Care Corporation Receipt For: Primary Other (specify) ▼	Occupation Sr. Vice I Aggregate		
Full Name (Last, First, Middle Initial) Mr. Jim Lee Mailing Address 803 Greenwich Driv	ve		Date of Receipt 0 4 0 1 2 0 1 1
City	State	Zip Code	Transaction ID: 19059310
Grand Ledge	MI	48837-2411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Michigan Health & Hospital Association Receipt For: Primary General	Occupation VP, Data Aggregate		7
Other (specify) ▼		375.00	
Full Name (Last, First, Middle Initial) Mr. Gary LeRoy			Date of Receipt
Mailing Address 4158 Quaker Hill Di	rive		04 01 2011
City	State	Zip Code	Transaction ID: 19059311
Fort Gratiot FEC ID number of contributing federal political committee.	C	48059-4036	Amount of Each Receipt this Period 500.00
Name of Employer Port Huron Hospital	Occupation Assistant	n Hospital Administrator	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)		1375.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 80 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	g the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Spencer Maidlow Mailing Address 1447 North Harriso	on Chroat		Date of Receipt
Mailing Address 1447 North Harrisc	State	Zip Code	0 4 0 1 2 0 1 1 Transaction ID: 19059313
Saginaw	MI	48602-4727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Covenant Medical Center	Occupation President	n t and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Patricia A Maryland, , Dr.PH Mailing Address 532 Barrington Cou	urt		Date of Receipt
Maining Address 552 Barrington Cot	urt		04 01 2011
City	State	Zip Code	Transaction ID: 19059314
Bloomfield Hills	MI	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer St. John Providence Health System	Occupation President	t .	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Philip H McCorkle, Jr.			Date of Receipt
Mailing Address 200 Jefferson Aver	nue SE		0 4 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19059315
Grand Rapids	MI	49503-4502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Saint Mary's Health Care		t and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
			-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 80 (check only one) X
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<u>/_</u>	Full Name (Last, First, Middle Initial) Mr. Gene F Michalski			Date of Receipt
	Mailing Address 3601 West Thirteen M	lile Road		M M / D D / Y Y Y Y O 1 1
	City	State	Zip Code	Transaction ID: 19059318
	Royal Oak	MI	48073-6712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Beaumont Hospital - Royal	Occupation	n e Vice President and Chief O	
	Oak Receipt For:	+ 1	e Year-to-Date	
	Primary General	Aggregate		1
	Other (specify)	0 0	500.00	
	Full Name (Last, First, Middle Initial) Mr. George Montgomery			Date of Receipt
	Mailing Address PO Box 183			M M / D D / Y Y Y Y Y O D D / 2011
	City	State	Zip Code	Transaction ID: 19059319
	Manistique	MI	49854-0183	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Schoolcraft Memorial Hosp- ital	Occupation CEO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	00 0	1 1 1 1 1 1 1	1
	Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Mr. A Gary Muller, FACHE	1		Date of Receipt
	Mailing Address 580 West College Ave	enue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19059320
	Marquette	MI	49855-2705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Marquette General Health System		t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
_	UBTOTAL of Receipts This Page (optional)			1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
ر 4.	Full Name (Last, First, Middle Initial) Mr. Mark S O'Halla			Date of Receipt
	Mailing Address 1000 Harrington Boule	vard		04 01 2011
	City	State	Zip Code	Transaction ID: 19059322
	Mount Clemens FEC ID number of contributing federal political committee.	C	48043-2920	Amount of Each Receipt this Period 500.00
	Name of Employer Mount Clemens Regional Medical Center Receipt For: Primary General Other (specify)		on It and Chief Executive Office e Year-to-Date ▼ 500.00]
- 3.	Full Name (Last, First, Middle Initial) Mr. Lynn C Orfgen Mailing Address 1101 West University [Orive		Date of Receipt
				04 01 2011
	City Rochester	State MI	Zip Code 48307-1863	Transaction ID: 19059323
	FEC ID number of contributing federal political committee.	C	46307-1663	Amount of Each Receipt this Period 500.00
	Name of Employer Crittenton Hospital Medic- al Center	Occupation Presiden	n It and Chief Executive Office	<u> </u>
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
-).	Full Name (Last, First, Middle Initial) Mr. Mark Pawlak			Date of Receipt
	Mailing Address 15277 Meadowwood			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 19059324
	Grand Haven FEC ID number of contributing federal political committee.	C	49417-9684	Amount of Each Receipt this Period 250.00
	Name of Employer Holland Hospital	Occupatio Vice Pre		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
f	TOTAL This Period (last page this line number of			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mr. Brian Peters Mailing Address 3051 Crofton Dr. City	State	Zip Code	Date of Receipt 0 4 0 1 2 0 1 1 Transaction ID: 19059325
	Dewitt FEC ID number of contributing federal political committee.	C	48820-7770	Amount of Each Receipt this Period 750.00
	Name of Employer Michigan Health & Hospital Association Receipt For: Primary General Other (specify) ▼		orporate Vice President e Year-to-Date ▼ 750.00	
3.	Full Name (Last, First, Middle Initial) Mr. Richard M Reynolds Mailing Address 4005 Orchard Drive			Date of Receipt 0 4 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: 19059326
	Midland FEC ID number of contributing federal political committee.	C	48670-0001	Amount of Each Receipt this Period 500.00
	Name of Employer MidMichigan Health	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	_	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Ms. Stephanie J Riemer-Matuzak Mailing Address 1100 Frank Michigan A			Date of Receipt
	Mailing Address 1100 East Michigan A			04 01 2011
	City Grayling	State MI	Zip Code 49738-1312	Transaction ID: 19059327 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Hospital Grayling	Occupation Chief Ex	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1500.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Ms. Barbara Rossmann			Date of Receipt
Mailing Address 15855 19 Mile Road			M M / D D / Y Y Y Y Y O 1 1 2 0 1 1
City Clinton Township	State MI	Zip Code 48038-3504	Transaction ID: 19059328 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000 0007	750.00
Name of Employer Henry Ford Macomb Hospita- Is	Occupatio Presiden	n t and Chief Executive Officer	_
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. Frank J Sardone			Date of Receipt
Mailing Address 601 John Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State MI	Zip Code	Transaction ID: 19059329
Kalamazoo FEC ID number of contributing federal political committee.	C	49007-5341	Amount of Each Receipt this Period 500.00
Name of Employer Bronson Methodist Hospital	Occupatio Presiden	n t and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	·	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Dale Sowders			Date of Receipt
Mailing Address 602 Michigan Avenu	ie		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Holland	State MI	Zip Code 49423-4918	Transaction ID: 19059330
FEC ID number of contributing federal political committee.	C	49420-4910	Amount of Each Receipt this Period 250.00
Name of Employer Holland Hospital	Occupatio Presiden	n t and Chief Executive Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Terry L Steele Mailing Address 602 Michigan Aver	nue	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Holland	State Zip Code MI 49423-4918	Transaction ID: 19059331 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Holland Hospital	Occupation Vice President Finance and Chief Fina	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Douglas Strong Mailing Address 1500 East Medical	Center Drive	Date of Receipt
		04 01 2011
City Ann Arbor	State Zip Code MI 48109-5000	Transaction ID: 19059332
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer University of Michigan Ho- spitals and H	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Dennis A Swan		Date of Receipt
Mailing Address 1215 East Michiga	n Avenue	04 01 2011
City	State Zip Code	Transaction ID: 19059333
Lansing FEC ID number of contributing federal political committee.	MI 48912-1811	Amount of Each Receipt this Period 500.00
Name of Employer Sparrow Health System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (ention	al)	1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	fc	lse separate schedule(s) or each category of the detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not and address	be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mrs. Patti Van Dort			Date of Receipt
	Mailing Address 2629 Floral Drive		7. 0. 1	04 01 2011
	City Zeeland	State MI	Zip Code 49464-9107	Transaction ID: 19059334 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Holland Hospital	Occupation VP Nursing		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Patrick R Wardell	1		Date of Receipt
	Mailing Address One Hurley Plaza			04 01 2011
	City Flint	State MI	Zip Code 48503-5902	Transaction ID: 19059335
	FEC ID number of contributing federal political committee.	C	46303-3902	Amount of Each Receipt this Period 750.00
	Name of Employer Hurley Medical Center	Occupation President and	d Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 750.00]
— C.	Full Name (Last, First, Middle Initial) Ms. Leticia Towns	1		Date of Receipt
	Mailing Address 877 Jefferson Avenue			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Memphis	State TN	Zip Code 38103-2807	Transaction ID: 19059338 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30103 2007	250.00
	Name of Employer Regional Medical Center at Memphis	+ +	nent Relations & Public	Poli
	Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
	OTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. David H. McClure Mailing Address 500 Interstate Bouleva	rd South		Date of Receipt
	City Nashville	State TN	Zip Code 37210-4634	Transaction ID: 19059342 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07210 4004	350.00
	Name of Employer Tennessee Hospital Association Receipt For: Primary General Other (specify)		on sident, Finance e Year-to-Date ▼ 350.00]
3.	Full Name (Last, First, Middle Initial) Ms. Darlene Swart Mailing Address 500 Interstate Blvd. S			Date of Receipt 0 4 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: 19059343
	Nashville FEC ID number of contributing	C	37210-4634	Amount of Each Receipt this Period 300.00
	Name of Employer	Occupation	on .	
	Tennessee Hospital Association		sident and Project Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
-).	Full Name (Last, First, Middle Initial) Mr. Edgar J Curtis			Date of Receipt
	Mailing Address 701 North First Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Springfield	State IL	Zip Code 62781-0001	Transaction ID: 19059350 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02701 0001	500.00
	Name of Employer Memorial Health System	Occupation President	on It and Chief Executive Office	 r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1150.00
Ī	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	• /	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 80 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	;		
Full Name (Last, First, Middle Initial) Mr. Michael S Eesley			Date of Receipt
Mailing Address 385 Millennium Driv	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Crystal Lake	State IL	Zip Code 60012-3761	Transaction ID: 19059352
FEC ID number of contributing federal political committee.	C	60012-3761	Amount of Each Receipt this Period 500.00
Name of Employer Centegra Health System	Occupatio Presiden	n t and Chief Executive Office	 r
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Kevin R. England			Date of Receipt
Mailing Address 1800 Grist Mill Drive	9		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Springfield</u>	State IL	Zip Code 62711-8113	Transaction ID: 19059353
FEC ID number of contributing federal political committee.	C	02711-0113	Amount of Each Receipt this Period 500.00
Name of Employer Memorial Health System	Occupatio Vice Pres	n sident, Business Developme	nt
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Beth Garrow			Date of Receipt
Mailing Address 6419 South Garfield	Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Burr Ridge	State IL	Zip Code 60527-5237	Transaction ID: 19059354
FEC ID number of contributing federal political committee.	C	00327-3237	Amount of Each Receipt this Period 250.00
Name of Employer Provena Saint Joseph Medi- cal Center	Occupatio VP, Four	ndation	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))		1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 80 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Robert W Kay		Date of Receipt
	Mailing Address 701 North First Street		04 05 7 2011
	City Springfield	State Zip Code IL 62781-0001	Transaction ID: 19059356 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Memorial Health System	Occupation Senior Vice President and Chief Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Scott Kiriakos		Date of Receipt
	Mailing Address 701 North First Street		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: 19059357
	Springfield FEC ID number of contributing federal political committee.	IL 62781-0001	Amount of Each Receipt this Period 250.00
	Name of Employer Memorial Health System	Occupation Vice President Managed Care	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) Mr. Douglas L Rahn		Date of Receipt
	Mailing Address 701 North First Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Springfield	State Zip Code IL 62781-0001	Transaction ID: 19059360
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
	Name of Employer Memorial Health System	Occupation Senior Vice President and Chief Opera	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		1000.00
	TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 80 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	L d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. James G Parrish, FACHE		Date of Receipt
Mailing Address 118 East Haskell Str		04 11 2011
City Winnemucca	State Zip Code NV 89445-3247	Transaction ID: 19069546
FEC ID number of contributing federal political committee.	NV 89445-3247	Amount of Each Receipt this Period 500.00
Name of Employer Humboldt General Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Joseph M. Letnaunchyn		Date of Receipt
Mailing Address 225 Ariel Heights		04 13 7 2011
City	State Zip Code	Transaction ID: 19069556
Charleston	WV 25311-1143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer West Virginia Hospital As- sociation	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Bruce McClymonds	L	Date of Receipt
Mailing Address Medical Center Drive	Э	04 13 2011
City	State Zip Code	Transaction ID: 19069557
Morgantown	WV 26506-4749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer West Virginia University Hospitals	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (optional)	1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 80 (check only one) X 11a 11b 11c 12
Any information copied from such Reports	and Statements may not be sold or used by any personng the name and address of any political committee to s	13 14 15 16
NAME OF COMMITTEE (In Full) American Hospital Association Page 1		solicit contributions from Such committees.
Full Name (Last, First, Middle Initial) Ms. Gail Lovinger		Date of Receipt
Mailing Address 2225 Simpson		0 4 1 1 2 0 1 1
City	State Zip Code	Transaction ID: 19069562
Evanston	IL 60201-3006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Association Governance	ee
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Debbie J. Bowen, FACHE, CAE	I	Date of Receipt
Mailing Address 622 Sheridan Squ Unit 3	uare	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19069922
Evanston	IL 60202-4751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer American College of Healt- hcare Executi	Occupation Executive Vice President & COP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Linda S. Quick	L	Date of Receipt
Mailing Address 1530 Gabriel Stre	et	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19070043
Hollywood	FL 33020-3228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer South Florida Hospital As- sociation, In	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
	nal)	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 80 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal committee to any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jonathan B Perlin, MD, PhD Mailing Address One Park Plaza	Ohata 7'- Oada	Date of Receipt 0 4 1 1 2 0 1 1
City Nashville	State Zip Code TN 37203-6527	Transaction ID: 19070060 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer HCA Receipt For: Primary General Other (specify) ▼	Occupation President, Clinical and Physician Ser Aggregate Year-to-Date 1000.00	v]
Full Name (Last, First, Middle Initial) Mr. Thomas J. Bonner, FACHE Mailing Address P.O. Box 679010		Date of Receipt 0 4 1 1 2 0 1 1
City	State Zip Code	Transaction ID: 19070063
Austin	TX 78767-9010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen		Date of Receipt
Mailing Address 125 Airport Road		04 / 13 / Y Y Y Y Y
City <u>Concord</u>	State Zip Code NH 03301-7300	Transaction ID: 19070082 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 03301-7300	41.64
Name of Employer New Hampshire Hospital Association Receipt For: Primary General Other (specify) ▼	Occupation President and CEO Aggregate Year-to-Date 375.40	
SUBTOTAL of Receipts This Page (optional) .	1	2041.64

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Stacy Barstad		Date of Receipt
Mailing Address 251 Fifth Street East		04 15 2011
City Tracy	State Zip Code MN 56175-1536	Transaction ID: 19070269 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	72.50
Name of Employer Sanford Tracy Medical Cen- ter	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 214.00	
Full Name (Last, First, Middle Initial) Ms. Mary J Klimp Mailing Address 301 Second Street NI	-	Date of Receipt
		04 15 2011
City New Prague	State Zip Code MN 56071-1709	Transaction ID: 19070273 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Queen of Peace Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. James Morris		Date of Receipt
Mailing Address 301 Second Street Northeast		0 4 1 5 2 0 1 1
City	State Zip Code	Transaction ID: 19070275
New Prague FEC ID number of contributing federal political committee.	MN 56071-1709	Amount of Each Receipt this Period 500.00
Name of Employer Queen of Peace Hospital	Occupation Trustee	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		822.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. David A Nelson		Date of Receipt
Mailing Address 2400 St Francis Drive	Ohaha 7in Oada	0 4 1 5 2 0 1 1
City Breckenridge	State Zip Code MN 56520-1025	Transaction ID: 19070276 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Francis Healthcare Campus Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Ms. Laura J. Redoutey, FACHE Mailing Address 1863 Folkways		Date of Receipt
City	State Zip Code	04 07 2011
Lincoln	NE 68521-5077	Transaction ID: 19101209 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Nebraska Hospital Associa- tion	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. William T Moore		Date of Receipt
Mailing Address 303 Parkway Drive NE		0 4 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19101215
Atlanta FEC ID number of contributing federal political committee.	GA 30312-1212	Amount of Each Receipt this Period 250.00
Name of Employer Atlanta Medical Center	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 80 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Charles H Orrick		Date of Receipt
Mailing Address 102 Hospital Circle		04 07 2011
City	State Zip Code	Transaction ID: 19101219
Donalsonville	GA 39845-1100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Donalsonville Hospital	Occupation Administrator	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Lamar Lyle	1	Date of Receipt
Mailing Address Post Office Box 44		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19101221
Dalton	GA 30722-0044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Hamilton Medical Center	Occupation Board Chairman	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Alan Kent	1	Date of Receipt
Mailing Address P O Box 1048		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19101235
<u>Vidalia</u>	GA 30475-1048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Meadows Regional Medical Center	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	>	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 80 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. A Donald Faulk, JrFACHE Mailing Address 777 Hemlock Street City Macon FEC ID number of contributing federal political committee. Name of Employer Medical Center of Central Georgia Receipt For:	State Zip Code GA 31201-2102 C Occupation President Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 19101240 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. James R Davis	500.00	Date of Receipt
Mailing Address 1350 Walton Way City Augusta	State Zip Code GA 30901-2612	Transaction ID: 19101242 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University Health Care System Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date 500.00	r]
Full Name (Last, First, Middle Initial) Mr. Richard Howerton Mailing Address 3365 W Paces Ferry (2+ NIM/	Date of Receipt
City	State Zip Code	0 4 0 7 2 0 1 1 Transaction ID: 19101243
Atlanta FEC ID number of contributing federal political committee.	GA 30327-2228	Amount of Each Receipt this Period 250.00
Name of Employer VHA Georgia, Inc.	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	•	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to s	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Gerald N Fulks		Date of Receipt
Mailing Address 1514 Vernon Road		0 4 0 7 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19101244
Lagrange	GA 30240-4131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer West Georgia Health	Occupation President and Chief Executive Officer]
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Herb B. Kuhn		Date of Receipt
Mailing Address 5310 Saddlebrooke La	ne	0 4 0 7 2 0 1 1
City	State Zip Code	Transaction ID: 19101254
<u>Lohman</u>	MO 65053-9353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Missouri Hospital Associa- tion	Occupation President and CEO	-
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Thomas C. Dolan, Ph.D., FAC		Date of Receipt
Mailing Address 339 Cottage Hill		0 4 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19101266
Elmhurst	IL 60126-3332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer American College of Healt- hcare Executi	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	·····	875.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 34 / 80 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a	nd Statements may not be s	old or used by any persor	13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)		iny political committee to s	solicit contributions from such committee.
American Hospital Association PA	C 		
Full Name (Last, First, Middle Initial) Mr. Donald J Rush			Date of Receipt
Mailing Address 1915 East Rezanot	Drive		04 12 2011
City	•	Code	Transaction ID: 19101267
Kodiak FEC ID number of contributing	AK 996	15-6602	Amount of Each Receipt this Period 500.00
federal political committee.			_
Name of Employer Providence Kodiak Island Medical Cente	Occupation Chief Executive (
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	500.00	
Full Name (Last, First, Middle Initial) B. Ms. Beth Ann Taylor, RN, MBA, N			Date of Receipt
Mailing Address 16 Dodge Place			0 4 2 6 2 0 1 1
City	·	Code	Transaction ID: 19101272
Grosse Pointe	MI 482	30-1939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer John D. Dingell Veterans Affairs Medic	Occupation Associate Directo	or, Patient Care Servi]
Receipt For:	Aggregate Year-to-l	Date ▼	
Primary General Other (specify) ▼	0 0 0	500.00	
Full Name (Last, First, Middle Initial) C. Ms. Gladys M. Campbell			Date of Receipt
Mailing Address 2220 NW Aspen A	venue		0 4 2 6 2 0 1 1
City Portland	•	Code 10-1219	Transaction ID: 19101273 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Northwest Organization of Nurse Execut	Occupation Executive Director	or]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	(IE	·····	1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	I Statements may not be sold or used by any persor he name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Rita M. Turley, MS, RN		Date of Receipt
Mailing Address 351 Morningside Lar	ne North	04 26 2011
City	State Zip Code	Transaction ID: 19101277
Billings	MT 59105-2873	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Turley Consulting	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Rhonda Anderson, RN, DNSc,		Date of Receipt
Mailing Address 1400 South Dobson	Road	0 4 2 6 2 0 1 1
City	State Zip Code	Transaction ID: 19101278
<u>Mesa</u>	AZ 85202-4707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Cardon Children's Medical Center Receipt For:	Occupation Chief Executive Officer Aggregate Year-to-Date	-
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Maureen Swick, RN, PHD, N		Date of Receipt
Mailing Address 8110 Gatehouse Roa Suite 200E	ad	0 4 2 6 2 0 1 1
City	State Zip Code	Transaction ID: 19101280
Falls Church	VA 22042-1210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Inova Health System	Occupation Vice President, Chief Nursing Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	>	1700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any pers he name and address of any political committee t	con for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Deborah Yancer Mailing Address 5610 Rowland Rd. Suite 100 City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Minnetonka Mills FEC ID number of contributing federal political committee.	MN 55343-8905	Amount of Each Receipt this Period 500.00
Name of Employer Creative Health Care Mana- gement Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Consultant & Client Manager Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Ms. Patricia J. Crome, MN, RN, FA Mailing Address 117 East Louisa Stre #153 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Seattle FEC ID number of contributing federal political committee. Name of Employer	WA 98102-3203 C Occupation	Amount of Each Receipt this Period 350.00
Rona Consulting Receipt For: Primary General Other (specify)	Principal Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Mary Krinkie Mailing Address 2550 University Aver	nue W	Date of Receipt
Suite 350-S		04 26 2011
City <u>Saint Paul</u>	State Zip Code MN 55114-1052	Transaction ID: 19101292 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Minnesota Hospital Associ- ation Receipt For:	Occupation Vice President, Government Relation Aggregate Year-to-Date ▼	ns
Primary General Other (specify) ▼	250.00	
	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 80 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD Mailing Address 2550 University Avenue City Saint Paul FEC ID number of contributing federal political committee. Name of Employer Minnesota Hospital Associ-	State Zip Code MN 55114-1052 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 2 7 2 0 1 1 Transaction ID: 19101294 Amount of Each Receipt this Period 230.82
ation Receipt For: Primary General Other (specify)	Vice Pres, Regulatory/Strategic Affai Aggregate Year-to-Date ▼ 230.82	
Full Name (Last, First, Middle Initial) Ms. Mary-Anne Ponti Mailing Address 3070 Morford Road		Date of Receipt M
City	State Zip Code	Transaction ID: 19101303
Petoskey FEC ID number of contributing federal political committee.	MI 49770-9234	Amount of Each Receipt this Period 1000.00
Name of Employer Northern Michigan Regional Hospital Receipt For: Primary General Other (specify) ▼	Occupation COO & Chief Nursing Executive Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Mr William T Manson		Date of Receipt
Mailing Address 800 N. Fant St.		04 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code SC 29621-5708	Transaction ID: 19101304
Anderson FEC ID number of contributing federal political committee.	SC 29621-5708	Amount of Each Receipt this Period 250.00
Name of Employer AnMed Health	Occupation EVP & COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .		1480.82

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 80 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John A Miller, Jr FACHE Mailing Address 1 Spring Back Way City Anderson	State Zip Code SC 29621-2676	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer AnMed Health Rehabilitation Hospital Receipt For: □ Primary □ General Other (specify) ▼	Occupation President Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Mr. Costa Cockfield, RN, MSN, C Mailing Address 805 Pamplico Hight City Florence FEC ID number of contributing federal political committee. Name of Employer Carolinas Hospital System	State Zip Code SC 29505-6047 C Occupation Chief Nursing Officer	Date of Receipt M M / D D / Y Y Y Y Y O 4 25 2011 Transaction ID: 19101306 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. James F O'Loughlin Mailing Address P O Box 100550	Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Florence FEC ID number of contributing federal political committee.	State Zip Code SC 29501-0550	Transaction ID: 19101307 Amount of Each Receipt this Period 500.00
Name of Employer Carolinas Hospital System Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l) _	1250.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per- he name and address of any political committee	son for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Patricia C Robinson	1	Date of Receipt
Mailing Address 300 Ridge Medical F		04 25 2011
City <u>Edgefield</u>	State Zip Code SC 29824-4525	Transaction ID: 19101308 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Edgefield County Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Bruce P Bailey		Date of Receipt
Mailing Address Drawer 421718		0 4 2 5 2 0 1 1
City	State Zip Code	Transaction ID: 19101309
Georgetown	SC 29442-4203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgetown Memorial Hospi- tal	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Mark O'Neil, Jr.		Date of Receipt
Mailing Address 25 Hospital Center E	oulevard	0 4 2 5 2 0 1 1
City	State Zip Code	Transaction ID: 19101310
Hilton Head Island FEC ID number of contributing	SC 29926-2738	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Hilton Head Hospital	Occupation President/Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	250.00	
		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 80 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Lisa P Montgomery Mailing Address 169 Ashley Avenue City Charleston FEC ID number of contributing federal political committee. Name of Employer MUSC Medical Center of Medical Univers Receipt For: Primary General Other (specify)	State Zip Code SC 29425-5836 C Occupation Administrator Finance and Support S Aggregate Year-to-Date 250.00	Date of Receipt M M M / 25 / 2011 Transaction ID: 19101311 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward Mailing Address 298 Memorial Drive City Seneca FEC ID number of contributing federal political committee. Name of Employer Oconee Medical Center	State Zip Code SC 29672-9499 C Occupation President and Chief Executive Officer	Date of Receipt M M M / D D / Y Y Y Y Y O 4 25 2011 Transaction ID: 19101312 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. David L. Dunlap, FACHE	Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Mailing Address 125 Doughty Street Suite 760 City Charleston FEC ID number of contributing federal political committee.	State Zip Code SC 29403-5736	Transaction ID: 19101314 Amount of Each Receipt this Period 750.00
Name of Employer Roper Hospital Receipt For: Primary Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 750.00	<u>r</u>]
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 80 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any pers le name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas C Dandridge Mailing Address 3000 St Matthews Ro	oad State Zip Code	Date of Receipt M M D D C Y Y Y Y Y Y Y Y Y
Orangeburg FEC ID number of contributing federal political committee.	SC 29118-1442	Amount of Each Receipt this Period 500.00
Name of Employer Regional Medical Center Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Jonathan Applebaum Mailing Address 393 Stonebrook Driv	9	Date of Receipt 0 4 2 5 2 0 1 1
City Galax	State Zip Code VA 24333-6236	Transaction ID: 19101316 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Twin County Regional Hosp- ital	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. James B Cole		Date of Receipt
Mailing Address 1701 North George N	Mason Drive	0 4 2 5 2 0 1 1
City Arlington	State Zip Code VA 22205-3610	Transaction ID: 19101318 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Virginia Hospital Center - Arlington	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
		1200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 80 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Wynn L Dixon, Jr. Mailing Address P O Box 2028			Date of Receipt
City Chesapeake FEC ID number of contributing	State VA	Zip Code 23327-2028	Transaction ID: 19101320 Amount of Each Receipt this Period
federal political committee. Name of Employer Chesapeake Regional Medical Center Receipt For: Primary General Other (specify) ▼		erating Officer Year-to-Date 350.00	350.00
Full Name (Last, First, Middle Initial) Dr. Barry L Gross, MD Mailing Address 701 Town Center Dr	rive, Suite 1000)	Date of Receipt 0 4 2 5 2 0 1 1
City	State	Zip Code	Transaction ID: 19101321
Newport News	VA	23606-4286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Riverside Health System	Occupation Executive	n e Vice President and Chief M	1ed
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) Mr. R Edward Howell	•		Date of Receipt
Mailing Address P O Box 800809			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 19101322
Charlottesville FEC ID number of contributing federal political committee.	C	22908-0809	Amount of Each Receipt this Period 350.00
Name of Employer University of Virginia Medical Center		sident and Chief Executive C	Off
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]

A. Maling Addi City Name of Err Sentara Hea Receipt For: Primar Other Full Name (I Mr. Christopl Mailing Addi City Gaithersbi FEC ID num federal politi Name of Err Sentara Hea Receipt For: Primar Other Full Name (I Mr. Christopl Mailing Addi City Gaithersbi FEC ID num federal politi Name of Err Virginia Hos Arlington Receipt For: Primar Other C. Full Name (I Mr. Keith E H Mailing Addi City Valley City FEC ID num	cial purposes, other than using the COMMITTEE (In Full) Hospital Association PAC Last, First, Middle Initial) J. Miller Iress 379 Dorwin Drive Inber of contributing ical committee. Inployer althcare Ires General Ires General Ires General Ires General Irest, Middle Initial)	State Zip Code VA 23502-5707 C Occupation Director, Gov't Relations and Advocace Aggregate Year-to-Date 350.00	Date of Receipt M M / 25 / 2011 Transaction ID: 19101323 Amount of Each Receipt this Period 350.00
Full Name (I Ms. Sandra Mailing Adding Addin	Last, First, Middle Initial) J. Miller Iress 379 Dorwin Drive Index of contributing ical committee. Inployer althcare It is general in the contribution of the con	VA 23502-5707 C Occupation Director, Gov't Relations and Advocace Aggregate Year-to-Date ▼ 350.00	Transaction ID: 19101323 Amount of Each Receipt this Period 350.00
Ms. Sandra Mailing Addi City Norfolk FEC ID num federal politi Name of Err Sentara Hea Receipt For: Primar Other B. Mr. Christopl Mailing Addi City Gaithersbr FEC ID num federal politi Name of Err Virginia Hos Arlington Receipt For: Primar Other C. Full Name (I Mr. Keith E I- Mailing Addi City Valley City FEC ID num	J. Miller Iress 379 Dorwin Drive Index of contributing ical committee. Inployer althcare It is general in the contribution of contributing ical committee. It is general in the contribution of contributing ical committee. It is general in the contribution of contri	VA 23502-5707 C Occupation Director, Gov't Relations and Advocace Aggregate Year-to-Date ▼ 350.00	Transaction ID: 19101323 Amount of Each Receipt this Period 350.00
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Full Name of Em Sentara Hear Receipt For: Primal Other Full Name (I Mr. Christoph Mailing Addition Receipt For: Primal Other Full Name of Em Virginia Hos Arlington Receipt For: Primal Other Full Name (I Mr. Keith E H Mailing Addition City Valley City FEC ID num	ical committee. Inployer althcare It is general in the control of the control o	Occupation Director, Gov't Relations and Advocace Aggregate Year-to-Date ▼ 350.00	су
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Full Name (I Mr. Christoph Mailing Addi City Gaithersb FEC ID num federal politi Name of Em Virginia Hos Arlington Receipt For: Priman Other Full Name (I Mr. Keith E H Mailing Addi City Valley City FEC ID num	(specify) Last, First, Middle Initial) ther O'Brien	350.00	Date of Receipt
Mr. Christoph Mailing Addi City Gaithersb FEC ID num federal politi Name of Em Virginia Hos Arlington Receipt For: Primal Other Full Name (I Mr. Keith E H Mailing Addi City Valley City FEC ID num	her O'Brien		Date of Receipt
City Gaithersbi FEC ID num federal politi Name of Em Virginia Hos Arlington Receipt For: Primal Other Full Name (I Mr. Keith E H Mailing Addi City Valley City FEC ID num	Iress 204 Kent Oake Mowe		
FEC ID num federal politic Name of Em Virginia Hos Arlington Receipt For: Primal Other Full Name (I Mr. Keith E H Mailing Addition of Em Virginia Hos Arlington	LUT NOIL Oaks MICWS		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID num federal politi Name of Em Virginia Hos Arlington Receipt For: Primal Other Full Name (I Mr. Keith E H Mailing Addition of the Mailing Add		State Zip Code	Transaction ID: 19101324
Full Name (I Mr. Keith E H Mailing Addington Valley City FEC ID num	ourg	MD 20878-5723	Amount of Each Receipt this Period
Arlington Receipt For: Primal Other Full Name (I Mr. Keith E H Mailing Addi City Valley City FEC ID num	nber of contributing ical committee.	C	350.00
Full Name (I Mr. Keith E H Mailing Addi City Valley City FEC ID num	nployer spital Center -	Occupation Vice President, Physician Services	
Full Name (I Mr. Keith E H Mailing Addr City Valley City FEC ID num		Aggregate Year-to-Date ▼	
Mr. Keith E H Mailing Addi City Valley City FEC ID num	ıry ☐ General (specify) ♥	350.00	
City Valley City FEC ID num	Last, First, Middle Initial) Heuser		Date of Receipt
Valley City FEC ID num	lress 570 Chautauqua Boule	vard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID num		State Zip Code	Transaction ID: 19101325
	у	ND 58072-3145	Amount of Each Receipt this Period
federal politi	nber of contributing ical committee.	C	350.00
Name of Em Mercy Hosp	mployer	Occupation Administrator	
Receipt For: Primal Other	ла	Aggregate Year-to-Date ▼ 350.00	1
SUBTOTAL o			1

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person le name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Lois Garner Mailing Address 1400-6 Lake Pointe V City Centerville FEC ID number of contributing federal political committee. Name of Employer Kettering Medical Center	State Zip Code OH 45459-5850 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y 0 4 25 2011 Transaction ID: 19101326 Amount of Each Receipt this Period 425.00
Receipt For: Primary General Other (specify)	Nurse Manager Aggregate Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) Ms. Deborah A. Grant, RN, BSN, M Mailing Address 917 North Shore Cou	rt	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19101333
High Point	NC 27265-1301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Moses Cone Health System	Occupation Vice President, Nursing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Susan Green		Date of Receipt
Mailing Address 295 Varnum Avenue		0 4
City	State Zip Code	Transaction ID: 19101771
Lowell FEC ID number of contributing federal political committee.	MA 01854-2134	Amount of Each Receipt this Period 262.50
Name of Employer Lowell General Hospital	Occupation Vice President & Chief Financial Office	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	
		1037.50

City Westford MA 01886-2359 FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Primary General Other (specify) ▼ City State Zip Code MA 01886-2359 Full Name (Last, First, Middle Initial) Ms. Donna Doherty Mailing Address 275 Sandwich Street City State Zip Code Plymouth MA 02360-2183 FEC ID number of contributing federal political committee. City State Zip Code Plymouth MA 02360-2183 FEC ID number of contributing federal political committee. City State Zip Code MA 02360-2183 FEC ID number of contributing federal political committee. City State Zip Code MA 02360-2183 FEC ID number of contributing federal political committee. City State Zip Code MA 02360-2183 Fell Name (Last, First, Middle Initial) Mr. John Fernandez Mailing Address 5 Otis Street City State Zip Code MA 02492-3403 Full Name (Last, First, Middle Initial) Mr. John Fernandez Mailing Address 5 Otis Street City State Zip Code MA 02492-3403 FEC ID number of contributing federal political committee. City State Zip Code MA 02492-3403 FEC ID number of contributing federal political committee. City State Zip Code MA 02492-3403 FEC ID number of contributing federal political committee. City State Zip Code MA 02492-3403 FEC ID number of contributing federal political committee. City State Zip Code MA 02492-3403 FEC ID number of contributing federal political committee. City State Zip Code MA 02492-3403 Amount of Each Receipt this Period Amount of Each Receipt this Period Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Mailing Address 49 Village View Road City State Zip Code Westford MA 01886-2359 FEC ID number of contributing federal political committee. Name of Employer Jordan Hospital Pirmany General Other (specify) ▼ Full Name (Last, First, Middle Initial) MA 02360-2183 Fec ID number of contributing federal political committee. City State Zip Code MA 01886-2359 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Pirmany General Other (specify) ▼ Cuupation Vice President, Administration Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 275 Sandwich Street City State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. Cuupation Vice President of Nursing & CNO Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. John Fernandez Mailing Address 5 Otis Street City State Zip Code Mailing Address 5 Otis Street City State Zip Code Mailing Address 5 Otis Street City State Zip Code Mailing Address 5 Otis Street City State Zip Code Mailing Address 5 Otis Street City State Zip Code Mailing Address 5 Otis Street City State Zip Code Mailing Address 5 Otis Street City State Zip Code Mailing Address 5 Otis Street City State Zip Code Mailing Address 5 Otis Street City State Zip Code Mailing Address 5 Otis Street City State Zip Code Mailing Address 5 Otis Street Cuupation Vice President Mailing Address 5 Otis Street Cuupation Vice President Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Amount of Each Receipt this Period Amount of Each Rece	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Westford	Mr. Winfield Brown		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Under (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 275 Sandwich Street City State Zip Code MA 02360-2183 Full Name (Last, First, Middle Initial) Mailing Address 275 Sandwich Street City State Zip Code MA 02360-2183 FEID number of contributing federal political committee. City State Zip Code MA 02360-2183 Full Name (Last, First, Middle Initial) Mr. John Fernandez Mailing Address 5 Otis Street City State Zip Code MA 02360-2183 FULL Name (Last, First, Middle Initial) Mr. John Fernandez Mailing Address 5 Otis Street City State Zip Code MA 02492-3403 FULL Name (Last, First, Middle Initial) Mr. John Fernandez Mailing Address 5 Otis Street City State Zip Code MA 02492-3403 FEC ID number of contributing federal political committee. City State Zip Code MA 02492-3403 FEC ID number of contributing federal political committee. City State Zip Code MA 02492-3403 FEC ID number of contributing federal political committee. Name of Employer Brigham and Worner's Hospital Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 19101780 Amount of Each Receipt Transaction ID: 19101780			
Name of Employer Cocupation Vice President, Administration	Westford	MA 01886-2359	Amount of Each Receipt this Period
Receipt For:		C	262.50
Primary	<u></u>	· ·	
Ms. Donna Doherty Mailing Address 275 Sandwich Street City State Zip Code MA 02360-2183 FEC ID number of contributing federal political committee. C Occupation Vice President of Nursing & CNO Receipt For: Primary General Other (specify) ▼ 262.50 Full Name (Last, First, Middle Initial) Mr. John Fernandez Mailing Address 5 Otis Street C State Zip Code MA 02492-3403 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 19101779 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19101779 Date of Receipt Transaction ID: 19101779 Date of Receipt Transaction ID: 19101780 Date of Receipt Transaction ID: 19101780 Amount of Each Receipt Transaction ID: 19101780 Amount of Each Receipt Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt Transaction ID: 19101780 Transaction ID: 19101780 Transaction ID: 19101780 Transaction ID: 19101780 Transaction ID: 19101779 Date of Receipt Transaction ID: 19101780 Transaction ID: 19101779 Date of Receipt Transaction ID: 19101780 Transaction ID: 19101779 Transaction ID: 1	Primary General	262.50	
City State Zip Code Plymouth MA 02360-2183 FEC ID number of contributing federal political committee. Name of Employer Jordan Hospital C C Cocupation Vice President of Nursing & CNO Receipt For: Primary General Other (specify) ▼ State Zip Code MA 02492-3403 Full Name (Last, First, Middle Initial) Mr. John Fernandez Mailing Address 5 Otis Street Date of Receipt Transaction ID: 19101779 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 19101780 Date of Receipt M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Ms. Donna Doherty		┪
Plymouth MA 02360-2183 Amount of Each Receipt this Period C C Name of Employer Jordan Hospital Name of Employer Jordan Hospital Receipt For: Primary General Other (specify) ▼ C State Zip Code MA NAME O2492-3403 PEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 19101780 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19101780 Amount of Each Receipt this Period C Date of Receipt M M O2492-3403 Date of Receipt Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780 Transaction ID: 19101780 Transaction ID: 19101780 Amount of Each Receipt this Period Transaction ID: 19101780	Mailing Address 275 Sandwich Street		
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Name of Employer Occupation Vice President of Nursing & CNO	Plymouth	MA 02360-2183	Amount of Each Receipt this Period
Vice President of Nursing & CNO		C	262.50
Primary General Other (specify) ▼ Page 1 Date of Receipt Date of Receipt Malling Address 5 Otis Street City Needham Needham MA 02492-3403 FEC ID number of contributing federal political committee. Name of Employer Brigham and Women's Hospital Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼		·	
Mailing Address 5 Otis Street City Needham Needham FEC ID number of contributing federal political committee. Name of Employer Brigham and Women's Hospital Receipt For: Primary General Other (specify) ▼ Date of Receipt M M / 29 / 2011 Transaction ID: 19101780 Amount of Each Receipt this Period C 750.00	Primary General		
City Needham Needham Needham State State Sign Code MA 02492-3403 Amount of Each Receipt this Period Transaction ID: 19101780 Amount of Each Receipt this Period 750.00 Occupation Vice President Receipt For: Primary Other (specify) Aggregate Year-to-Date 750.00	,		Date of Receipt
Needham MA 02492-3403 FEC ID number of contributing federal political committee. C The primary of Employer Brigham and Women's Hospital Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼	Mailing Address 5 Otis Street		
FEC ID number of contributing federal political committee. Name of Employer Brigham and Women's Hospital Receipt For: Primary General Other (specify) Other (specify) T50.00	•		
Name of Employer Brigham and Women's Hospital Receipt For: Primary Other (specify) Aggregate Year-to-Date 750.00		MA 02492-3403	Amount of Each Receipt this Period
Brigham and Women's Hospital Receipt For: Primary Other (specify) ▼ Vice President Aggregate Year-to-Date ▼ 750.00		C	750.00
Primary General Other (specify) ▼ 750.00	tal	Vice President	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1275.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Joseph White, III Mailing Address 10 Lakeside Terrace		Date of Receipt 0 4 2 9 2 0 1 1
City Westford FEC ID number of contributing	State Zip Code MA 01886-1392	Transaction ID: 19101783 Amount of Each Receipt this Period 375.00
Receipt For: Primary Other (specify)	Occupation Executive Vice President & COO Aggregate Year-to-Date 375.00	
Full Name (Last, First, Middle Initial) Mr. Bo Beames Mailing Address P O Box 1009		Date of Receipt 0 4
City Socorro FEC ID number of contributing federal political committee.	State Zip Code NM 87801-1009	Transaction ID: 19101818 Amount of Each Receipt this Period 250.00
Name of Employer Socorro General Hospital Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. John P. Sheridan, Jr. Mailing Address 49 Meadow Run Drive)	Date of Receipt
City Skillman FEC ID number of contributing federal political committee.	State Zip Code NJ 08558-1711 C	Transaction ID: 19101819 Amount of Each Receipt this Period 250.00
Name of Employer Cooper Health System Receipt For: Primary General	Occupation President & CEO Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 80 (check only one) X 11a
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	American Hospital Association PAC			
Α	Full Name (Last, First, Middle Initial) Mr. Stephen K Jones Mailing Address 1 Robert Wood Johnso	Dissa		Date of Receipt
	Mailing Address Robert Wood Johnso	on Place		04 22 2011
	City	State	Zip Code	Transaction ID: 19101820
	New Brunswick FEC ID number of contributing federal political committee.	NJ C	08901-1928	Amount of Each Receipt this Period 1000.00
	Name of Employer Robert Wood Johnson Health	Occupatio	n t and Chief Executive Office	
	System & Ne Receipt For: Primary General Other (specify)		e Year-to-Date ▼	1
В.	Full Name (Last, First, Middle Initial) Mr. Craig J Broman	0 0		Date of Receipt
	Mailing Address 1406 Sixth Avenue No.	rth		$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City	State	Zip Code	Transaction ID: 19116593
	Saint Cloud	MN	56303-1901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Cloud Hospital	Occupatio Presiden		
-	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Mr. Christopher S. Bailey			Date of Receipt
	Mailing Address 2814 Northlake Drive			04 27 2011
	City	State	Zip Code	Transaction ID: 19116616
	Richmond	VA	23233-3320	Amount of Each Receipt this Period
;	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Virginia Hospital & Healt- hcare Associa		ice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SU	JBTOTAL of Receipts This Page (optional)			1450.00
	DTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 80 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael Malone Mailing Address 11405 Havernen Road City Fairfax Station FEC ID number of contributing federal political committee. Name of Employer Virginia Hospital Center - Arlington Receipt For: Primary General Other (specify)	State Zip Code VA 22039 C Occupation Vice President Aggregate Year-to-Date 350.00	Date of Receipt M M Z 7 Z 7 Z 0 1 1 Transaction ID: 19116617 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Dr J Thomas Ryan, MD, MHSA Mailing Address 1001 Sam Perry Bould City Fredericksburg FEC ID number of contributing federal political committee. Name of Employer Mary Washington Hospital Receipt For: Primary General Other (specify)	State Zip Code VA 22401-4453 C Occupation Executive Vice President and Chief N Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 27 2011 Transaction ID: 19116618 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Mr. Daniel J. Perdue Mailing Address 2005 Warren Avenue Post Office Box 249 City Cheyenne FEC ID number of contributing federal political committee. Name of Employer Wyoming Hospital Association Receipt For: Primary General Other (specify)	State Zip Code WY 82001-3725 C Occupation President Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D N 2 0 1 1 Transaction ID: 19116622 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		950.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Benorts an	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 49 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Vickie Diamond		Date of Receipt
Mailing Address 1233 East Second S	Street	0 4 0 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19116623
Casper	WY 82601-2926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Wyoming Medical Center	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Susan L. Bowar-Ferres, PhD, RN		Date of Receipt
Mailing Address P.O. Box 137		0 4 2 6 2 0 1 1
City	State Zip Code	Transaction ID: 19116626
New Rochelle FEC ID number of contributing	NY 10802-0137	Amount of Each Receipt this Period 350.00
federal political committee. Name of Employer NYU Langone Medical Center	Occupation	-
NYU Langorie Medical Center	Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Douglas A Duchak		Date of Receipt
Mailing Address 350 Engle Street		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 19117599
Englewood	NJ 07631-1808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Englewood Hospital and Me- dical Center	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
		850.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 50 / 80 (check only one)
Г		Detailed Summary Page	13 14 15 16 17
,	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠ A.	Full Name (Last, First, Middle Initial) Mr. Michael Maron		Date of Receipt
	Mailing Address 718 Teaneck Road		$egin{array}{cccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: 19117600
	Teaneck	NJ 07666-4245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Holy Name Medical Center	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
– В.	Full Name (Last, First, Middle Initial) Ms. Audrey Meyers		Date of Receipt
	Mailing Address 223 North Van Dien Av	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: 19117601
	Ridgewood	NJ 07450-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Valley Health System	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
-).	Full Name (Last, First, Middle Initial) Mr. John K Lloyd		Date of Receipt
	Mailing Address 1350 Campus Parkway	1	0 4
	City Wall Township	State Zip Code NJ 07753-6821	Transaction ID: 19117602 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Meridian Health	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		3000.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 80 (check only one) X
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph P Coyle			Date of Receipt
	Mailing Address 1140 Route 72 West			04 04 2011
	City <u>Manahawkin</u>	State NJ	Zip Code 08050-2412	Transaction ID: 19117603 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00030 2412	500.00
	Name of Employer Southern Ocean Medical Ce- nter	Occupatio Presiden	n t and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Leslie D Hirsch, FACHE Mailing Address 25 Pocono Road	l		Date of Receipt
	City	State	Zip Code	04 04 2011
	Denville	NJ	07834-2954	Transaction ID: 19117604 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saint Clare's Health Syst- em	Occupatio Presiden	n t and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Mr. Michael J. Sniffen			Date of Receipt
	Mailing Address 47 Murray Hill Square			0 4 0 4 2 0 1 1
	City New Providence	State	Zip Code	Transaction ID: 19117605
	New Providence FEC ID number of contributing federal political committee.	NJ C	07974-1531	Amount of Each Receipt this Period 500.00
	Name of Employer St. Mary's Hospital	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1500.00
F	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Amy B Mansue Mailing Address 200 Somerset Street City New Brunswick FEC ID number of contributing federal political committee. Name of Employer Children's Specialized Hospital Receipt For: Primary General Other (specify)	State Zip Code NJ 08901-1942 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 1000.00	Date of Receipt M M O 4
Full Name (Last, First, Middle Initial) Mr. Ronald Rak Mailing Address 34 Federal City Road City Ewing FEC ID number of contributing federal political committee. Name of Employer Saint Peter's University Hospital Receipt For: Primary General Other (specify)	State Zip Code NJ 08638-1321 C Occupation President & CEO Aggregate Year-to-Date ▼ 750.00	Date of Receipt M M O 4
Full Name (Last, First, Middle Initial) Mr. Robert P Wise, FACHE Mailing Address 2100 Wescott Drive City Flemington FEC ID number of contributing federal political committee. Name of Employer Hunterdon Medical Center Receipt For: Primary General Other (specify)	State Zip Code NJ 08822-4603 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 2 9 2 0 1 1 Transaction ID: 19117694 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	>	2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 80 (check only one) X
A oı	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۷.	Full Name (Last, First, Middle Initial) Mr. Fred Hipp, Jr.			Date of Receipt
	Mailing Address 1011 Deacon Road		7.0	04 29 2011
	City Hainesport	State NJ	Zip Code	Transaction ID: 19117721
	FEC ID number of contributing federal political committee.	C	08036-3610	Amount of Each Receipt this Period 500.00
	Name of Employer Virtua Health	Occupation Vice Pres		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700			04 30 2011
	City	State	Zip Code	Transaction ID: PR1045726225058
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washinot	Occupation Senior Vi	n ce President & General Cou	unse
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D . L (0.10 00 D)
	Other (specify)		320.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. David Schulke			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W		04 30 7 2011
	City	State	Zip Code	Transaction ID: PR1057462125058
	Washington	DC	20004-2801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	- '	arch Programs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			660.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(separate schedule) for each category of the Detailed Summary Page	
0	ny information copied from such Reports and S r for commercial purposes, other than using the	atements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. John Slotman		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		04 / 30 / Y Y Y Y Y
	City <u>Washington</u>	State Zip Code DC 20004-2802	Transaction ID: PR1384065325058 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.44
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼	Occupation Associate Director, Federal Rela Aggregate Year-to-Date ▼ 273.76	P/R Deduction (\$42.72 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake		Date of Receipt
	Mailing Address One North Franklin		04 / 30 / 2011
	City	State Zip Code	Transaction ID: PR1492459925058
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	81.66
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Executive Director - A	SHHRA
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	305.89	P/R Deduction (\$40.86 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Lisa Grabert		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V	0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1671258625058
	Washington	DC 20004-2801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Senior Associate Director, Policy	/
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		247.10

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 80 (check only one) X
4	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Ľ	Full Name (Last, First, Middle Initial) Mr Robert P. David			Date of Receipt
	Mailing Address One North Franklin			0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State IL	Zip Code 60606-3436	Transaction ID: PR1677512425058 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000 0400	80.00
	Name of Employer American Hospital Associa- tion-Chicago	_ <u> </u>	Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Erik Rasmussen			Date of Receipt
	Mailing Address 325 Seventh Street, 1 Suite 700	WV		0 4 3 0 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1819487925058
	Washington FEC ID number of contributing federal political committee.	C	20004-2801	Amount of Each Receipt this Period 80.00
	·	Occupation		_
	Name of Employer American Hospital Associa- tion-Washingt		ssociate Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			04 30 2011
	City	State	Zip Code	Transaction ID: PR327629125058
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa- tion-Washingt	- ' '	ce President, Public Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>		240.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 11
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt
	Mailing Address 11004 Petersborough	Drive	04 30 7 2011
	City	State Zip Code	Transaction ID: PR327745925058
	Rockville	MD 20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	280.00	P/R Deduction (\$40.00 Bi- Weekly)
_ s.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt
	Mailing Address 1022 S. Harvey Avenu	е	04 30 7 2011
	City	State Zip Code	Transaction ID: PR327777825058
	Oak Park	IL 60304-2132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Member Relations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	N	04 30 7 2011
	City	State Zip Code	Transaction ID: PR327812025058
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Chief Executive Officer, AONE & Sr. \	<u>/i</u>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	320.00	P/R Deduction (\$40.00 Bi- Weekly)
			200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Mark Seklecki		Date of Receipt
Mailing Address 325 Seventh Street, N' Suite 700	W	04 30 2011
City	State Zip Code	Transaction ID: PR327858025058
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Political Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. John F. Barry	1	Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y O D D / 2 0 1 1
City	State Zip Code	Transaction ID: PR327877825058
Millis	MA 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom		Date of Receipt
Mailing Address 130 North Garland Co #3002	urt	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327895725058
Chicago	IL 60602-4750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	P/R Deduction (\$40.00 Bi- Weekly)
SUPTOTAL of Possints This Page (entional)		240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700		04 / 30 / Y Y Y Y Y Y Y
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR328132825058 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President and Chief Executive Officer	<u>-</u>
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
	Mailing Address 204 7th Ave		0 4 3 0 2 0 1 1
	City	State Zip Code	Transaction ID: PR328136925058
	La Grange FEC ID number of contributing	IL 60525-6406	Amount of Each Receipt this Period 80.00
	federal political committee.		_
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice President, Member Relations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
	Mailing Address 5545 North Wayne		0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328223825058
	Chicago	IL 60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 80 (check only one) X
0	only information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and addi	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack Mailing Address 3475 North Venice Stre			Date of Receipt
			7:n Codo	04 30 2011
	City Arlington	State VA	Zip Code 22207-4446	Transaction ID: PR328260925058 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	Vice President	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		04 30 7 2011
	City	State	Zip Code	Transaction ID: PR328341825058
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt	_	Political Action & Grassroot	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			0 4 3 0 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511825058
	Yardley FEC ID number of contributing federal political committee.	C	19067-5736	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Av		04 30 7 2011
	City Chicago	State Zip Code IL 60606	Transaction ID: PR328913325058 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & CEO, AHA Solutions, Inc.	- &
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. John R. Combes		Date of Receipt
	Mailing Address One North Franklin		04 30 7 2011
	City	State Zip Code	Transaction ID: PR329071325058
	Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & Chief Operating Officer, C	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese		Date of Receipt
	Mailing Address 500 Interstate Bouleva	rd South	0 4 3 0 2 0 1 1
	City	State Zip Code	Transaction ID: PR329215725058
	Nashville FEC ID number of contributing federal political committee.	TN 37210-4634	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)		240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 80 (check only one) X
,	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may no e name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle We	st		04 30 7 2011
	City	State	Zip Code	Transaction ID: PR330475425058
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Ex	ecutive	
	Receipt For:	Aggregate Ye		
	Primary General Other (specify) ▼		320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address 172 Atteridge			0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330549225058
	Lake Forest	IL	60045-1715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Preside	ent, Constituency Section	1
	Receipt For:	Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush	<u> </u>		Date of Receipt
	Mailing Address 26 West Glendale Ave	9.		04 30 7 2011
	City	State	Zip Code	Transaction ID: PR331304225058
	Alexandria	VA	22301-2402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Adv	ocacy and Public Policy	Op
	Receipt For:	Aggregate Ye	ar-to-Date ▼	
	Primary General Other (specify) ▼		320.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	l		240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u>/_</u>	Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.		Date of Receipt
	Mailing Address 6225 US Hwy 290 E		04 / 30 / Y Y Y Y Y
	City <u>Austin</u>	State Zip Code TX 78761-5587	Transaction ID: PR331416025058 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General	Occupation AHA Regional Executive for TX Aggregate Year-to-Date ▼	D/D Dadwatian (ft00 00 Di
	Other (specify) ▼	480.00	P/R Deduction (\$60.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: PR331533225058
	Falls Church	VA 22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy		Date of Receipt
	Mailing Address One North Franklin		04 30 7 2011
	City	State Zip Code	Transaction ID: PR346168125058
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMG	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
	CURTOTAL of Descripts This Descriptional		280.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Megan Cundari Mailing Address 325 Seventh Street, N' Suite 700 City Washington	W State DC	Zip Code 20004-2818	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For:	1	n ssociate Director	82.72
Primary General Other (specify) ▼		296.88	P/R Deduction (\$41.36 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	•	82.72
TOTAL This Period (last page this line number only)	•	64769.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 80 (check only one) 11a 11b 11c X 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NY 12144 C C00160259 Occupation Aggregate Year-to-Date 100000.00	Date of Receipt M M M O 4 2 0 1 1 Transaction ID: 19017655 Amount of Each Receipt this Period 25000.00
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code CA 95814 C C00237495 Occupation Aggregate Year-to-Date 85000.00	Date of Receipt M M M / D D / Y Y Y Y O 4 D D / Y Y Y Y Transaction ID: 19059371 Amount of Each Receipt this Period 20000.00
Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federal Mailing Address Post Office Box 8600 City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code PA 17105-8600 C C00128082 Occupation Aggregate Year-to-Date 60000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 3 2 0 1 1 Transaction ID: 19065402 Amount of Each Receipt this Period 20000.00
SUBTOTAL of Receipts This Page (optional)		65000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 80 (check only one) 11a 11b 11c X 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	in for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal			Date of Receipt
	Mailing Address 1215 K Street Suite 800			04 19 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19069543
	Sacramento	CA	95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0237495	20000.00
	Name of Employer	Occupation	n	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 105000.00	
В.	Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federa	Political Actio	n Comm (HAPAC)	Date of Receipt
	Mailing Address Post Office Box 8600			04 25 2011
	City	State	Zip Code	Transaction ID: 19074500
	<u>Harrisburg</u>	PA	17105-8600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0128082	10000.00
	Name of Employer	Occupation	on	7
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 70000.00	

SUBTOTAL of Receipts This Page (optional)	•	30000.00
TOTAL This Period (last page this line number only)	•	95000.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 80 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19109985
Washington	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		73.63
Name of Employer	Occupatio	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 317.28	Interest Earned

		73.63
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		73.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Terri Sewell For Congress Mailing Address P.O. Box 1964 City	State	Zip Code	Date of Receipt M
Birmingham FEC ID number of contributing federal political committee. Name of Employer	C Coo	35201 458976	Amount of Each Receipt this Period 2500.00
Receipt For: 2010 Primary General X Other (specify) 2010 General Debt Re	<u> </u>	Year-to-Date ▼ 2500.00	Refund of 2010 General De- bt Retirement Contribution

SUBTOTAL of Receipts This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	•	2500.00

SCHEDOLL B (I LC I OIIII 3X)	Use separate schedule(s)	OR LINE NUMBER: PAGE 68 / 80 check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Cooper For Congress		Transaction ID: 19069553
	NE	Date of Disbursement 0 4
Mailing Address 236 Massachusetts Av Suite 603		
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	0.	1500.00
Candidate Name Rep. Jim Cooper	Cate	egory/ /pe
Senate President	rsement For: 2012 X Primary General Other (specify)	Contribution
State: TN District: 05 Full Name (Last, First, Middle Initial)		T ID 40000555
Jim Gerlach For Congress Committee		Transaction ID: 19069555 Date of Disbursement
Mailing Address PO Box 87		04 14 2011
City Uwchland	State Zip Code PA 19480	Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution	Ô.	2000.00
Candidate Name Rep. James W. Gerlach		egory/ /pe
Office Sought: X House Disbuse Senate President State: PA District: 06	rsement For: 2012 X Primary General Other (specify) ▼	Contribution
Full Name (Last, First, Middle Initial) Michaud For Congress		Transaction ID: 19069558 Date of Disbursement
Mailing Address 213 Lisbon St		04
City Lewiston	State Zip Code ME 04240	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	•	1000.00
Candidate Name Rep. Michael H. Michaud	Cate	egory/ /pe
Senate President	rsement For: 2012 X Primary General Other (specify) ▼	Contribution
State: ME District: 02		
i		4500.00

SCHEDIII E B (FEC Form 3Y)

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 69 / 80
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza			Transaction ID: 19069560 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2749			04 14 2011
City Merced	State Zip Code CA 95340		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Dennis A. Cardoza		Category/ Type	
Office Sought: X House Senate President State: CA District: 18	oursement For: 2012 X Primary General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial)			Transaction ID: 19069561
Bill Owens For Congress			Date of Disbursement
Mailing Address PO Box 1575			$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D&1&0\\1&4&\end{smallmatrix}] / \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&1\end{smallmatrix}$
City Plattsburgh	State Zip Code NY 12901		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Bill Owens		Category/ Type	
Office Sought: X House Senate President State: NY District: 23	oursement For: 2012 X Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) Bob Corker For Senate			Transaction ID: 19069563 Date of Disbursement
Mailing Address 518 Georgia Ave 2nd	d Floor		$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&4&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\1&4\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&1&1&Y\end{smallmatrix}$
City Chatanooga	State Zip Code TN 37403		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Sen. Robert Corker		Category/ Type	
χ Senate President	oursement For: 2012 X Primary General Other (specify)	1,760	Contribution
State: TN District:			
SUBTOTAL of Disbursements This Page (option	nal)	>	3000.00
TOTAL This Period (last page this line number	only)		

	WIZED DI	SBURSEMEN	15		category of the		Ò		ly one)	$\overline{}$	_	_			
					Summary Page			21b 27	22 28a		23 28b	24 28		25 29	
		ed from such Reports a poses, other than usin													S
N	IAME OF COM	MITTEE (In Full) pital Association PA			, , , ,										
	,	First, Middle Initial) or Congress Comm	ittee								n ID: bursen		9564	-	
N	Mailing Address	PO Box 1663							0 ^M 4	M /	^D 1 4) 1	Ý Ž	0 Ť	1 Y
	City acoma			tate VA	Zip Code 98401				Amo	unt of	Each D)isbur			
	Purpose of Disbu Contribution	rsement				Г	011						10	00.00)
	Candidate Name Rep. Norman I	D. Dicks					atego Type								
	Office Sought:	X House Senate President		nent For: Primary Other (spe	2012 General				Cont	ributio	on				
F	•	District: 06 First, Middle Initial)							Trans	sactio	n ID:	1906	9583	}	
F	ławkeye PAC										bursen		Y Y	Υ .	Υ
N	Mailing Address	P.O.Box 7255							0 ^M 4		D 0 8	3	2	0 1 ·	1
	City Des Moines			tate A	Zip Code 50309				Amo	unt of	Each D)isbur	semen	t this I	Peri
	Purpose of Disbu					Г	011		Į L.	-			50	00.00)
	Candidate Name Hawkeye PAC					С	atego Type	-							
	Office Sought:	House Senate President District:		nent For: Primary Other (spe	General cify) ▼				2011	Cont	ributio	on			
F		First, Middle Initial)									n ID: bursen		9585	,	
N	Mailing Address	PO Box 40385							0 ^M 4	M /	D 0 8	B /	Ý Ž	0 1 ·	1 Y
	City Vashington			tate OC	Zip Code 20016				Amo	unt of	Each D)isbur	semen	t this I	Peri
	Purpose of Disbu					Γ	011] L.				15	00.00)
	Candidate Name uesday Grou	PAC				С	atego Type	•							
C	Office Sought:	House Senate President		nent For: Primary Other (spe	General ecify) ▼				2011	Cont	ributio	on			
S	State:	District:			· · ·										

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В.

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SCHEDULE B (FEC Form 3X)	llee eene	rata aabadula(a)	1	F	OR LIN	IE N	UMBE	R:				PA	GE	71 /	80	
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the		(check c	nly c	. 1	_	ـ ا	_	_	 ء .	_	1		ا ما
	Detailed S	Summary Page		H	21b 27	Н	22 28a	X	2	3 3b	_	24 28c	\vdash	25 29	Н	26 30b
Any Information copied from such Reports and Statem					y perso		the pu		se	of so		citing c		oution		
or for commercial purposes, other than using the name	e and addres	ss of any political	com	ım	ittee to	solic	it contr	ibuti	ion	s fro	om	such	comi	nittee		
NAME OF COMMITTEE (In Full)																
American Hospital Association PAC																
Full Name (Last, First, Middle Initial)							Trans	acti	ior	ID:		19069	586	3		
Capuano For Congress Committee							Date	_	isb							
Mailing Address PO Box 440305							0 ^M 4	М	/	0	8		2	0 1	1	
•	State MA	Zip Code 02144					Amou	int o	f E	ach	Di	isburse	mer	t this	Perio	od .
Purpose of Disbursement			$\overline{}$		-								10	00.00	0	
Contribution			_		11.											
Candidate Name Rep. Michael E. Capuano					egory/ /pe											
Office Sought: X House Disburse	ement For:	2012		_			Contr	ihut	tio	_						
	Primary	General					Conti	ibut	liO	1						
President State: MA District: 08	Other (spe	city) 🔻														
Full Name (Last, First, Middle Initial)							Trans	acti	ion	יחו.		19069	587	7		
Moore For Congress							Date						001			
Mailing Address PO Box 16646							o ^M 4	М	/	0	8	/ `	2	0 1	1 Y	
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•	State WI	Zip Code 53216					Amou	int o	f E	ach	Di	isburse	mer	t this	Perio	od
Purpose of Disbursement	•••	00210	_	_					,				10	00.00	0	
Contribution					11											
Candidate Name Rep. Gwendolynne Moore					egory/ /pe											
	ement For:	2012		• ,	ρο		0									
Senate	Primary	General					Contr	ibut	(IO	n						
State: WI District: 04	Other (spe	cify) 🔻														
Full Name (Last, First, Middle Initial)							Trans	anti	ion	ın.		19069	500)		
Friends Of Erik Paulsen							Date						300	,		
Mailing Address P.O. Box 44369							o ^M 4	М	/	0	8	7/	2	01	1 Y	
250 Prairie Center Drive																
•	State MN	Zip Code 55344					Amou	int o	of E	ach	Di	isburse		-		od
Purpose of Disbursement Contribution			Г	_	4.4			-	_		_		10	00.00	0	
Candidate Name				_	11 egory/											
Rep. Erik P. Paulsen					/pe											
	ement For: Primary	2012 General					Contr	ibut	tio	n						
President	Other (spe															
State: MN District: 03	` ` `	· · ·														
SUBTOTAL of Disbursements This Page (optional) .			<u></u>		. •								30	00.00	0	
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S	CHEDULE B (FEC Form 3X)	Use separate schedule(s))			NUMBE	R:		P	AGE 7	72 / 80	0
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(Cr	eck onl 21b 27	22 28a		23 28b	24 28c		25 29	26 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	e and address of any politica				onen com	ibutic)113 110	om Such	COMMIN		
۷.	Full Name (Last, First, Middle Initial) Walden For Congress							on ID: sburse	19069 ement	9589		
	Mailing Address PO Box 1091					0 ^M 4	M /	0	8 /	ž0	1 1	Y
	City Hood River	State Zip Code OR 97031				Amou	nt of	Each	Disburse			eriod
	Purpose of Disbursement Contribution			01			•			1000	0.00	
	Candidate Name Rep. Gregory P. Walden	ement For: 2012	С	ateg Typ								
		Primary General Other (specify)				Contr	ibuti	on				
 3.	Full Name (Last, First, Middle Initial) Feinstein For Senate							on ID: sburse	19069 ment	9590		
	Mailing Address 1212 S Victory Blvd					0 ^M 4	M /	^D 0	8 /	žo	1 1	Υ
	City Burbank	State Zip Code CA 91502				Amou	nt of	Each	Disburse	ement t	his P	eriod
	Purpose of Disbursement Contribution Candidate Name			01 ⁻			•	•		2000	0.00	
		ement For: 2012 Primary General Other (specify)		Тур	•	Contr	ibuti	on				
).	Full Name (Last, First, Middle Initial) Friends Of Jeb Hensarling							on ID: sburse	19069 ment	9591		
	Mailing Address PO Box 820504					0 ^M 4	M /	0	8 /	ž0	11	Y
	City Dallas	State Zip Code TX 75382				Amou	nt of	Each	Disburse			eriod
	Purpose of Disbursement Contribution			01		L.		•		1000	0.00	•
	Candidate Name Rep. Jeb Hensarling		C	ateg Typ								
	Senate X President	ement For: 2012 Primary General Other (specify)				Contr	ibuti	on				
Γ,	State: TX District: 05						-		•	4000	0.00	•
	UBTOTAL of Disbursements This Page (optional)					-	-	•	•	.500		•
T	OTAL This Period (last page this line number only)										

	CHEDOLL D (I LO I OIIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE /3 / 80 (check only one)
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
			y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Braley For Congress Mailing Address PO Box 390		Transaction ID: 19078569 Date of Disbursement M4 M / D2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Waterloo	State Zip Code IA 50704	Amount of Each Disbursement this Peri
	Purpose of Disbursement Contribution Candidate Name		011 Category/
		ement For: 2012 Primary General Other (specify)	Type Contribution
	Full Name (Last, First, Middle Initial) Hoosiers For Rokita Mailing Address 7643 East U.S. 36		Transaction ID: 19078570 Date of Disbursement M M M / D D M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Avon Purpose of Disbursement Contribution	State Zip Code IN 46123	Amount of Each Disbursement this Period
		ement For: 2012 Primary General Other (specify)	Category/ Type Contribution
	Full Name (Last, First, Middle Initial) Dirigo PAC		Transaction ID: 19111030 Date of Disbursement
	Mailing Address P.O. Box 1355		04 M / 28 / 2011
	City Alexandria	State Zip Code VA 22313	Amount of Each Disbursement this Peri
	Purpose of Disbursement 2011 Contribution Candidate Name Dirigo PAC		011 Category/ Type
		ement For: Primary General Other (specify)	2011 Contribution
	State: District:		

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ITI _	EMIZED DISBURSEMENTS	for each categor Detailed Summa		_ [<u>` </u>	1b [22 28a		23 28b	24		25 29	
or f	r Information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)												5
۱ ۱	American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) The Madison PAC								sburse	ment			V
	Mailing Address 235 State Street #206						0 4			8 /		ž 0 i 1	
	City Springfield	State Zip C MA 0110					Amou	nt of	Each	Disbu		nt this F	
	Purpose of Disbursement 2011 Contribution Candidate Name)11						5(00.00	,
	The Madison PAC	bursement For:			egory								
	Senate President State: District:		General				2011	Con	tribut	ion			
	Full Name (Last, First, Middle Initial) Butterfield For Congress						Trans		on ID:	-	1122	1	
	Mailing Address PO Box 2571						0 ^M 4	M /	^D 2	8 /	Y	2 0 1 1	Y
	City Wilson	State Zip C NC 2789					Amou	nt of	Each	Disbu		nt this F	
	Purpose of Disbursement Contribution Candidate Name)11 tegory				•		10	00.00)
	Rep. George K. Butterfield				ype	,							
	Office Sought: X House Senate President State: NC District: 01		2012 General				Contr	ibuti	on				
	Full Name (Last, First, Middle Initial) Tim Ryan For Congress						Trans	of Dis	sburse	ment		_	
	Mailing Address 1600 Roosevelt Ave Suite 804	nue					0 ^M 4	M /	^D 2	8 /	Y 2	ž 0 1 1	l Y
	City Niles	State Zip C OH 4444					Amou	nt of	Each	Disbu		nt this F	
	Purpose of Disbursement Contribution)11						1(00.00)
	Candidate Name Rep. Timothy J. Ryan				egory ype	/							
	Office Sought: X House Senate President State: OH District: 17		2012 General				Contr	ibuti	on				
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